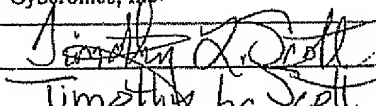


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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/661,640		
	Filing Date	September 15, 2003		
	First Named Inventor	Burke T. Barrett		
	Title	Treatment of Movement Disorders by Near-Diaphragmatic Nerve Stimulation		
	Art Unit	3762		
	Examiner Name	Scott M. Gelzow		
	Attorney Docket No.	1000.025CON		
I hereby revoke all previous powers of attorney given in the above-identified application.				
<input type="checkbox"/> A Power of Attorney is submitted herewith OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 41332				
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: 41332				
<input type="checkbox"/> Firm or Individual Name Address City Country Telephone		State Zip Fax		
I am the: <input type="checkbox"/> Applicant/inventor Under 37 CFR 3.73(b) Assignee certifies that it is: <input checked="" type="checkbox"/> Assignee of record of the entire interest See 37 CFR 3.71 Assignment Recorded 10/23/2001 at Reel/Frame 012341/0228.				
SIGNATURE of Applicant or Assignee of Record				
Company	Cyberonics, Inc.			
Signature				
Name:	Timothy L. Scott			
Date	09/07/06		Telephone: 281-227-2652	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.				